



# NOTIFICATION OF DESIGNATED TRUSTEE

State Form 48121 (11-96)

Indiana Professional Licensing Agency  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700

INSTRUCTIONS: Please complete the appropriate sections and return to the above address.

| SECTION A<br>(to be completed by the Claimant or the Claimant's Representative) |                              |
|---------------------------------------------------------------------------------|------------------------------|
| Name of Claimant                                                                |                              |
| Address of Claimant (number and street)                                         |                              |
| City, state ZIP code                                                            | Telephone number<br>(      ) |

| SECTION B - DESIGNATED TRUSTEE INFORMATION<br>(complete this section if the Claimant is NOT deceased) |                                 |                     |
|-------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|
| Name of Trustee                                                                                       |                                 |                     |
| Address of Claimant (number and street)                                                               |                                 |                     |
| City, state ZIP code                                                                                  |                                 |                     |
| License number                                                                                        | Certificate of Authority number | Federal I.D. number |

| SECTION C - BENEFICIARY INFORMATION<br>(complete this section if Claimant IS deceased) |                  |
|----------------------------------------------------------------------------------------|------------------|
| Name of Beneficiary                                                                    |                  |
| Address of Beneficiary (number and street)                                             |                  |
| City, state ZIP code                                                                   | Telephone number |

| NOTARY CERTIFICATE                                                                                                                                                                                                                             |        |                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------|--|
| STATE OF _____ }<br>COUNTY OF _____ } SS:                                                                                                                                                                                                      |        |                                        |  |
| I, _____ do hereby state that I am the above-named Claimant/Claimant Representative (circle the appropriate choice), that I have personally completed the foregoing Notification, and the same is true to the best of my knowledge and belief. |        |                                        |  |
| Signature of Claimant/Claimant Representative                                                                                                                                                                                                  |        | Signature of Notary Public             |  |
| Printed name of Claimant/Claimant Representative                                                                                                                                                                                               |        | Printed or typed name of Notary Public |  |
| Date                                                                                                                                                                                                                                           | County | Date commission expires                |  |